

MEDICATION PASS LOG

Trainee Name: _____ **Job Title:** _____ **Class Date:** _____

Instructions: A "medication pass" is considered assisting every individual present with medication during one specific time period. A trainee may only assist with one medication pass per shift (one shift = 8 hours).

| PASS # | TYPE(S) OF MEDICATION | DATE | TIME | RESULTS | COMMENTS |
|----------------|--|-----------|------------------|--|----------|
| | <input type="checkbox"/> Oral <input type="checkbox"/> Ear <input type="checkbox"/> Topical <input type="checkbox"/> Eye Drops <input type="checkbox"/> Vaginal/Rectal | | ___/___ pm/am | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Further Instruction Required | |
| Observer Name: | | Job Title | | Sign: | |
| | <input type="checkbox"/> Oral <input type="checkbox"/> Ear <input type="checkbox"/> Topical <input type="checkbox"/> Eye Drops <input type="checkbox"/> Vaginal/Rectal | | ___/___ pm/am | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Further Instruction Required | |
| Observer Name: | | Job Title | | Sign: | |
| | <input type="checkbox"/> Oral <input type="checkbox"/> Ear <input type="checkbox"/> Topical <input type="checkbox"/> Eye Drops <input type="checkbox"/> Vaginal/Rectal | | ___/___ pm/am | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Further Instruction Required | |
| Observer Name: | | Job Title | | Sign: | |
| | <input type="checkbox"/> Oral <input type="checkbox"/> Ear <input type="checkbox"/> Topical <input type="checkbox"/> Eye Drops <input type="checkbox"/> Vaginal/Rectal | | ___/___ pm/am | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Further Instruction Required | |
| Observer Name: | | Job Title | | Sign: | |
| | <input type="checkbox"/> Oral <input type="checkbox"/> Ear <input type="checkbox"/> Topical <input type="checkbox"/> Eye Drops <input type="checkbox"/> Vaginal/Rectal | | ___/___ pm/am | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Further Instruction Required | |
| Observer Name: | | Job Title | | Sign: | |

Agency Name: _____

Site: _____

This Medication Pass Log is to be completed in addition to the Medication Pass Checklist. Agencies are expected to maintain copies of both of these documents for review.

